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Application Number	09/910,859
Filing Date	July 24, 2001
First Named Inventor	Gary Chodes
Art Unit	3628
Examiner Name	T. Harbeck
Attorney Docket Number	6806/3

**ENCLOSURES** (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> <b>Amendment/Reply (+Exhs. A-B)</b> <input type="checkbox"/> After Final <input checked="" type="checkbox"/> <b>Declaration under 37 CFR 1.131</b> <input checked="" type="checkbox"/> <b>Extension of Time Request (+dupl.)</b> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Postcard Receipt</b> <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please Identify below):</b> <input checked="" type="checkbox"/> <b>Revocation of Previous Power of attorney, New Power of Attorney &amp; Change of Correspondence Address</b> <input checked="" type="checkbox"/> <b>Check for \$510.00 for 3-month extension (small entity)</b>
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### CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra
Total		Minus	(20)	0
Indep.		Minus	(3)	0
First Presentation of Multiple Dep. Claim				

Rate	Add'l Fee
x \$25=	0
x \$100=	0
+\$180=	—


Rate	Add'l Fee
x \$50=	
x \$200=	
+ \$360=	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Michael D. Gannon, Reg. No. 36,807 Steven B. Courtright, Reg. No. 40,966 Attorney/Agent for Applicant  BANIAK, PINE, AND GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date	July 21, 2006

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	 Michael D. Gannon	Date:	July 21, 2006
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